

**COMPLIANCE CHECK QUESTIONNAIRE
TAX-EXEMPT HOSPITALS**

*This questionnaire asks for information about your hospital and how it operates. Answer the questions based on your hospital's **most recently completed tax period**. If additional space is needed, attach additional sheets. Please complete the questionnaire and follow the instructions in the letter for returning the information to us.*

PART I – ORGANIZATION

Name of Hospital:	EIN:	Most Recently Completed Tax Period:
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PART II – OPERATIONS

- 1) Please indicate the category below that best described your hospital or the type of service it provided to the majority of admissions. Check only one box.

- | | |
|--|--|
| <input type="checkbox"/> General medical and surgical | <input type="checkbox"/> Obstetrics and gynecology |
| <input type="checkbox"/> Hospital unit of an institution (<i>prison, college etc</i>) | <input type="checkbox"/> Eye, ear, nose and throat |
| <input type="checkbox"/> Hospital unit within an institution for the mentally retarded | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Chronic disease |
| <input type="checkbox"/> Tuberculosis and other respiratory diseases | <input type="checkbox"/> Institution for the mentally retarded |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Acute long-term care |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Other — Specify: _____ |
| <input type="checkbox"/> Alcoholism and other chemical dependency | |
| <input type="checkbox"/> Organization is not a §501(c)(3) hospital. If you checked this box, stop here and return the questionnaire to us. | |

Patients

	Inpatients	Outpatients	Emergency Room Patients
2) What were the total number of:			
3) How many had private insurance?			
4) How many had Medicare?			
5) How many had Medicaid?			
6) How many had other public insurance?			
7) How many had no insurance?			

- 8) Did your hospital deny medical services to any individuals with:

- a) private insurance? ☐ Yes ☐ No
If yes, please explain.

- b) Medicare? ☐ Yes ☐ No
If yes, please explain.

- c) Medicaid? ☐ Yes ☐ No
If yes, please explain.

d) other public health insurance? ☐ Yes ☐ No

If yes, please explain.

e) no insurance? ☐ Yes ☐ No

If yes, please explain.

Emergency Room

9) Did your hospital operate an emergency room? ☐ Yes ☐ No

If no, please explain.

10) What were the emergency room's hours of operation?

☐ 24 hours a day, 365 days a year

☐ Other — please explain. _____

11) Did your hospital's emergency room have a trauma center? ☐ Yes ☐ No

12) If yes, what was the trauma center's level of certification?

☐ Level I

☐ Level IV

☐ Level II

☐ Level V

☐ Level III

☐ Other — please describe. _____

13) Did your hospital's emergency room provide services to all members of the community regardless of their ability to pay?

☐ Yes ☐ No

If no, please explain.

14) Did your hospital's emergency room deny services to any individuals that requested such services? ☐ Yes ☐ No

If yes, please explain.

Board of Directors

15) How many directors were on your hospital's board? _____

16) What was the professional background of each director?

Please indicate the number of directors in each category listed below.

_____ Accounting

_____ Government

_____ Philanthropy

_____ Banking/Finance

_____ Insurance

_____ Public/Elected Official

_____ Business

_____ Law

_____ Religion

_____ Community Service

_____ Management

_____ Retail

_____ Education/Academia

_____ Manufacturing

_____ Social Services

_____ Fine Arts

_____ Medicine/Health Care

_____ Other (specify) _____

17) How often did the board of directors meet?

☐ Monthly

☐ Quarterly

☐ Annually

☐ Other — please describe. _____

18) On average, how many of the directors were present at each meeting? _____

Medical Staff Privileges

- 19) Were all qualified physicians in your community eligible for medical staff privileges at your hospital? ☐ Yes ☐ No
If no, please explain.
-
- 20) Have you denied any qualified physician's application for medical staff privileges? ☐ Yes ☐ No
If yes, please explain.
-

Medical Research

- 21) Did your hospital conduct any medical research programs? ☐ Yes ☐ No
If yes, please answer questions 22 through 24. If no, go to question 25.
-
- 22) How much did your hospital spend on medical research programs? \$ _____
-
- 23) How much of your hospital's funding for medical research came from:
a) public sources (*for example, government grants*) \$ _____
b) private sources (*for example, contracts with for-profit corporations*) \$ _____
-
- 24) Did your hospital limit public access to the findings or results from any of its medical research programs? ☐ Yes ☐ No
If yes, please explain.
-
- 25) How much did your hospital provide in grants to individuals or organizations to fund medical research programs? \$ _____
-
- 26) Was public access limited to the findings or results from any medical research programs for which your hospital provided grants? ☐ Yes ☐ No
If yes, please explain.
-

- 27) Did your hospital conduct any medical trial studies? ☐ Yes ☐ No
If yes, answer questions 28 and 29. If no, go to question 30.
-
- 28) How much of your hospital's funding for medical trial studies came from:
a) public sources (*for example, government grants*) \$ _____
b) private sources (*for example, contracts with for-profit corporations*) \$ _____
-
- 29) Did your hospital limit public access to the findings or results from any of its medical trial studies? ☐ Yes ☐ No
If yes, please explain.
-

Professional Medical Education and Training

- 30) Did your hospital conduct any professional medical education and training programs? ☐ Yes ☐ No
If yes, answer questions 31 and 32. If no, go to question 33.
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- 31) How much did your hospital spend on professional medical education and training programs? \$ _____
-
- 32) How much of your funding for professional medical education and training came from:
a) public sources (*for example, government grants*) \$ _____
b) private sources (*for example, contracts with for-profit corporations*) \$ _____
-

33) Did your hospital provide grants to individuals or organizations to fund professional medical education and training programs? ☐ Yes ☐ No

If yes, how much did it spend? \$ _____

Uncompensated Care

34) Did your hospital have a written policy stating the circumstances under which it would provide uncompensated care? ☐ Yes ☐ No

Please explain.

35) How many individuals received uncompensated care from your hospital? _____

36) How much did your hospital spend on uncompensated care? \$ _____

37) Did your hospital treat as uncompensated care the excess of what it charged for services and the amount:

a) private insurance paid or allowed for such services (including any patient co-payments and deductibles)? ☐ Yes ☐ No

If yes, please explain.

b) Medicare paid or allowed for such services (including any patient co-payments and deductibles)? ☐ Yes ☐ No

If yes, please explain.

c) Medicaid paid or allowed for such services (including any patient co-payments and deductibles)? ☐ Yes ☐ No

If yes, please explain.

d) other public insurance paid or allowed for such services (including any patient co-payments and deductibles)? ☐ Yes ☐ No

If yes, please explain.

e) individuals without insurance paid your hospital for such services? ☐ Yes ☐ No

Please explain.

38) Did your hospital treat bad debts as uncompensated care? ☐ Yes ☐ No

Please explain.

39) Did your hospital treat any other items or costs as uncompensated care? ☐ Yes ☐ No

If yes, please explain.

40) Did your hospital report its expenditures for uncompensated care to a state government? ☐ Yes ☐ No
If yes, what amount did it report? \$ _____

41) Did your hospital provide:

- a) inpatient services to any individual without compensation? ☐ Yes ☐ No
If yes, please describe your policy.

-
- b) outpatient services to any individual without compensation? ☐ Yes ☐ No
If yes, please describe your policy.

-
- c) emergency room services to any individual without compensation? ☐ Yes ☐ No
If yes, please describe your policy.

42) If you answered yes to 41 a, b, or c, indicate below, for each category of patient, when your hospital determined that it would provide services to any individual without compensation? Check all that apply.

	At or before providing services	Less than 30 days after providing services	30 to 90 days after providing services	More than 90 days after providing services	When insurance denied all or part of claim	Other (explain below)
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked the other box, please describe:

Billing Practices

43) Did your hospital require all individuals to pay, or make arrangements to pay, prior to, or at the time it provided:

- a) inpatient services? ☐ Yes ☐ No
b) outpatient services? ☐ Yes ☐ No
c) emergency room services? ☐ Yes ☐ No

44) In the space provided below, please explain your payment policies for:

- a) inpatients

-
- b) outpatients

c) emergency room patients

45) How many days after your hospital provided services did it send the patient a bill? _____

46) How many days after the billing date did the patient have to pay for services? _____

47) If a patient failed to pay for services, how many notices did your hospital send before it began collection actions? _____

48) Did your hospital refer all past due bills to collection agencies? ☐ Yes ☐ No

49) Did your hospital enter into installment agreements or other extended payment arrangements with patients who were unable to pay? ☐ Yes ☐ No

50) Please describe the circumstances in which you would enter into installment agreements or other extended payment arrangements with patients who were unable to pay.

51) How many days after a patient had not paid all or part of a bill did your hospital classify it as a bad debt? _____

52) Did your hospital charge all patients the same price for the same services? ☐ Yes ☐ No
If yes, go to question 57. If no, answer questions 53-56.

53) Did your hospital charge patients with private insurance higher prices for hospital services than patients with public insurance (including Medicare and Medicaid)? ☐ Yes ☐ No
Please explain.

54) Did your hospital charge patients with no insurance higher prices for hospital services than patients with public insurance (including Medicare and Medicaid)? ☐ Yes ☐ No
Please explain.

55) Did your hospital charge patients with no insurance higher prices for hospital services than patients with private insurance? ☐ Yes ☐ No
Please explain.

56) Did your hospital charge individuals different prices for hospital services based on their income, assets or ability to pay for such services? ☐ Yes ☐ No
Please explain.

Community Programs

- 57) Did your hospital provide medical screening programs for the community? ☐ Yes ☐ No
If yes, answer questions 58 through 60. If no, go to question 61.
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- 58) How much did your hospital spend on medical screening programs for the community? \$ _____
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- 59) Were all members of the community eligible for your hospital's medical screening programs? ☐ Yes ☐ No
If no, please explain.
-
- 60) Did the hospital charge a fee for any community medical screening programs? ☐ Yes ☐ No
If yes, please explain.
-
- 61) Did your hospital provide immunization programs for the community? ☐ Yes ☐ No
If yes, answer questions 62 through 64. If no, go to question 65.
-
- 62) How much did your hospital spend on immunization programs for the community? \$ _____
-
- 63) Were all members of the community eligible for your hospital's immunization programs? ☐ Yes ☐ No
If no, please explain.
-
- 64) Did your hospital charge a fee for its community immunization programs? ☐ Yes ☐ No
If yes, please explain.
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- 65) Did your hospital provide any lectures, seminars or other educational programs for the community? ☐ Yes ☐ No
If yes, answer questions 66 through 68. If no, go to question 69.
-
- 66) How much did your hospital spend on lectures, seminars and other educational programs for the community? \$ _____
-
- 67) Were all members of the community eligible for your hospital's community educational programs? ☐ Yes ☐ No
If no, please explain.
-
- 68) Did your hospital charge a fee for its community education programs? ☐ Yes ☐ No
If yes, please explain.
-
- 69) Did your hospital conduct studies on the unmet health care needs of the community? ☐ Yes ☐ No
If yes, how much did your hospital spend on these studies? \$ _____
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- 70) Did your hospital have programs to improve access to health care for individuals who lacked insurance? ☐ Yes ☐ No
If yes, how much did your hospital spend on these programs? \$ _____
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- 71) Did your hospital produce or distribute newsletters or publications that provided information to the community on health care issues? ☐ Yes ☐ No
If yes, how much did your hospital spend on these newsletters or publications? \$ _____
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72) Did your hospital have any other programs or activities that promoted health for the benefit of the community?

☐ Yes ☐ No

If yes, please explain and indicate how much was spent on these programs and activities.

PART III – COMPENSATION PRACTICES

Please answer the questions in this part as it pertains to employees in your hospital who are disqualified persons within the meaning of Internal Revenue Code (IRC) Section 4958(f)(1).

- 1) Please provide the names and titles of your hospital's officers, directors, trustees and key employees and amounts of salary and other compensation paid by your hospital to such officers, directors, trustees and key employees. Add additional sheets if necessary.

Name	Title	Salary ¹	Other Compensation ²

¹ Salary includes all forms of cash and non-cash compensation received whether paid currently or deferred.

² Other Compensation includes contributions to employee benefit plans and deferred compensation plans, and expense allowances from non-accountable plans.

- 2) Did your hospital have a formal written compensation policy? ☐ Yes ☐ No

- 3) Was compensation approved, in advance, by individuals that did not have a conflict of interest with the compensation arrangement being approved? ☐ Yes ☐ No

- 4) Who in your hospital set the compensation for officers, directors, trustees, and key employees? Check all that apply.

☐ Officers ☐ Board of Directors ☐ Compensation Committee
☐ Other — please explain: _____

- 5) Please check any of the following that your hospital used to determine compensation amounts:

☐ Published surveys of compensation at similar institutions;
☐ Internet research on compensation at similar institutions conducted by your employees;
☐ Phone survey(s) of compensation at similar institutions conducted by your hospital's employees;
☐ Outside expert report prepared specifically for your hospital by an expert employed by your hospital for this purpose;
☐ Outside expert report prepared by an expert employed by an unrelated organization;
☐ Written offers of employment from similar institutions; and
☐ Other — please describe: _____

- 6) Please check the appropriate boxes, in the following chart, regarding factors included in the comparability data used by your hospital:

COMPARABILITY FACTORS:	YES	NO	Was factor checked used for all § 4958(f)(1) employees? *	
			Yes	No*
Level of Employee Education and Experience				
Specific Responsibilities of Position				
Same Geographic or Metropolitan Area				
Services of a Similar Nature Provided				
Similar Number of Beds, Admissions, or Outpatient Visits				
Other Factors. Please explain.				

*If no, please explain.

- 7) Did your hospital's comparability data include information from other tax-exempt hospitals? ☐ Yes ☐ No
If no, please explain.

- 8) Was your hospital's actual compensation set within the range of comparability data? ☐ Yes ☐ No
If no, please explain.

- 9) Did your hospital have a business relationship with any of its officers, directors, trustees or key employees other than through their position as officers, directors, trustees, or key employees? ☐ Yes ☐ No
If yes, identify the individuals and describe the business relationship below.

Name	Title	Description of Business Relationship

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